Cardiac Arrest and Death after COVID-19 Vaccination: Dr. Peter McCullough

Penultimate and Final "Reality" of Vaccine Serious Adverse Effects

By Dr. Peter McCullough
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Virtually every day in the news we hear about a young person, perfectly healthy, with no antecedent illness drop dead without explanation. As the cases roll in it has been my general observation that if the cardiac arrest is witnessed and there is prompt defibrillation, as in the case with Demar Hamlin, then neurologic and overall survival is possible.

Out of guilt, remorse, shame and in the stupor of a COVID-19 vaccination trance, the victim and the family usually make no statement about vaccination status—something that would have been a proud point of a selfie or a tweet a few years ago. In a recent paper by Li et al, the cellular basis for the wide range of mechanisms the lead to cardiac arrest in a COVID-19 vaccinated person are described. I was alarmed that the authors considered cardiac arrest and death "common" as listed in Table 2.

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Review

Clinical cardiovascular emergencies and the cellular basis of COVID-19 vaccination: from dream to reality?

Yiran E. Li[1], Shuyi Wang[2], Russel J. Reiter[3], Jun Ren[1,*]

[1] Shanghai Institute of Cardiovascular Diseases, Department of Cardiology, Zhongshan Hospital, Fudan University, Shanghai, 200032, China
[2] Department of Emergency, Shanghai Tenth People's Hospital, Tongji University, Shanghai, 200072, China
[3] Department of Cellular and Structural Biology, UT Health San Antonio, San Antonio, USA

Table 2
Common cardiovascular adverse events reported in VAERS as of Jul 2022 in the United States.

Cardiovascular complication	Number of cases	Cases per million vaccines	Pfizer/BioNTech	Moderna	Johnson & Johnson	Unknown
Cardiac arrest	1722	2.85	826	632	140	124
Death	14,088	23.33	6360	5704	1290	734

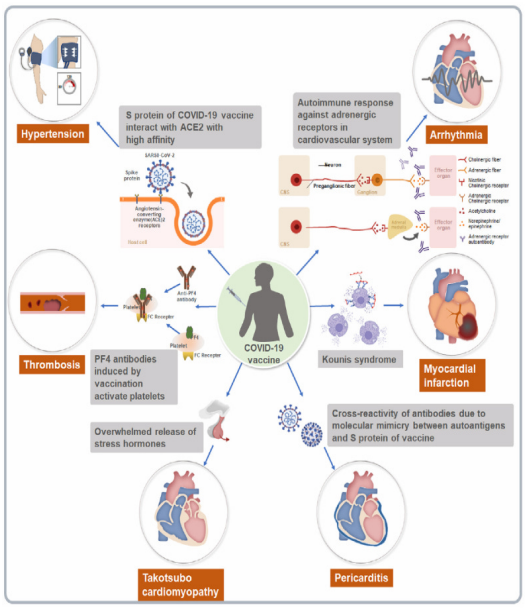

Figure 2. Proposed mechanisms for COVID-19 vaccine-induced cardiovascular complications.
Hypertension might be induced by the interaction between S protein of COVID-19 vaccine and ACE2 with high affinity. Acute coronary syndrome is related to Kounis syndrome which is an allergic reaction to the vaccines. Overwhelming emotional disturbance and stress triggered by COVID-19 vaccine may evoke overwhelmed catecholamine release, inflammatory reaction elicited if the vaccine sensitizes patients to catecholamines; such a response may lead to Takotsubo cardiomyopathy. Myocarditis/pericarditis may be the result of the cross-reactivity of antibodies due to the molecular mimicry between autoantigens and encoded S protein in vaccines. Thrombosis is associated with S protein production causing megakaryocytes to produce COX-2 and TxA2. Moreover, antibodies against PF4 are made as part of the immune stimulation and the inflammatory reaction induced by vaccination, which activates massive platelet formation and facilitates clotting. Arrhythmia is linked to the autoimmune response against adrenergic receptors in the cardiovascular system.
Abbreviations: ACE2, angiotensin-converting enzyme 2; PF4, platelet factor 4; S protein, spike protein.

Li YE, Wang S, Reiter RJ, Ren J. Clinical cardiovascular emergencies and the cellular basis of COVID-19 vaccination: from dream to reality? Int J Infect Dis. 2022 Nov;124:1-10. doi: 10.1016/j.ijid.2022.08.026. Epub 2022 Sep 6. PMID: 36075372; PMCID: PMC9444584.

Of note, the authors point out that Takotsubo cardiomyopathy, coronary ischemia, and myocarditis as underlying conditions have been found as the cause of cardiac arrest as reported in safety databases. A surge in adrenalin with the injection, during the later hours of sleep, and with

athletics appears to play a role in the precipitation of the lethal arrhythmia. The authors also raise the issue of Kounis syndrome, or histamine and inflammatory factors triggering a heart attack. In the title, Li and coworkers imply that mass vaccination was a “dream” and now the cardiovascular complications including large-scale death represent the “reality” we are facing with this public health debacle.

Papers such as this are important as they may lead to more applied research on therapies to prevent arrythmias and help navigate patients through high risk periods after ill-advised COVID-19 vaccination. On a population level, the best strategy to save lives is to remove all the vaccines off the market and start cardiovascular screening programs for high risk individuals.

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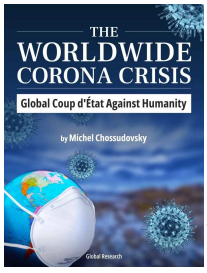

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